

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT of INDIANA

CIVIL ACTION NO. 1:22-cv-01217-SEB-DML

JOEY KIMBROUGH,

Plaintiff,

v.

SNAP-ON CREDIT LLC;

EXPERIAN INFORMATION
SOLUTIONS, INC;

EQUIFAX INFORMATION
SERVICES LLC

Defendants.

AFFIDAVIT OF SERVICE

DEFENDANT:

EXPERIAN INFORMATION SOLUTIONS, INC.
c/o its registered agent CT CORPORATION SYSTEM
334 North Senate Avenue
Indianapolis, IN 46204

I, Lisa Kimbrough, being over the age of eighteen, NOT a party to this cause, and competent to testify as to the matters asserted herein. I certify that on 6/23/2022 a copy of the Summons and Complaint were sent to the Defendant listed above via USPS Certified Mail with Signature Required.

DOCUMENT TYPE: Summons and Complaint from JOEY KIMBROUGH

CORPORATE SERVICE TO: EXPERIAN INFORMATION SOLUTIONS, INC.

SIGNED AND RECEIVED BY: "illegible signature"

DATE RECEIVED AND SIGNED: 6/28/22

Certified Mail Receipt and Signature Card enclosed as "Exhibit A"

I SWEAR UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING
REPRESENTATIONS ARE TRUE.

DATED: 7/1/22

SIGNATURE OF AFFIANT: Joe K. Kimbrough

Exhibit A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>Line Addressed to:</p> <p>Experian Information Solutions, Inc do its registered agent CT Corporation System 334 North Senate Avenue Indianapolis, IN 46204</p> <p></p> <p>9590 9402 7265 1284 0752 50</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0001 4169 8522</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>ail ail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>			

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INDIANAPOLIS, IN 46204

OFFICIAL USE

Certified Mail Fee \$3.75

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$3.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage \$2.36

Total Postage and Fees \$5.16

7021 0950 0001 4169 8522

0738 54

06/23/2022

Postmark Here

EXPERIAN INFORMATION SOLUTIONS, INC. 46204
334 NORTH SENATE AVENUE
INDIANAPOLIS, IN 46204

7021 0950 0001 4169 8522

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9047

BUSINESS INFORMATION
HOLLI SULLIVAN
INDIANA SECRETARY OF STATE
07/01/2022 12:40 PM

Business Details

Business Name: **EXPERIAN INFORMATION SOLUTIONS, INC.** Business ID: **1996091479**

Entity Type: **Foreign For-Profit Corporation** Business Status: **Active**

Creation Date: **09/30/1996** Inactive Date:

Principal Office Address: **475 ANTON BOULEVARD, COSTA MESA, CA, 92626, USA** Expiration Date: **Perpetual**

Jurisdiction of Formation: **Ohio** Business Entity Report Due Date: **09/30/2022**

Original Formation Date: **02/18/1992** Years Due:

Governing Person Information

Title	Name	Address
Secretary	Jason Engel	475 Anton Boulevard, COSTA MESA, CA, 92626, USA
Vice President	Tony Reeves	475 Anton Boulevard, Costa Mesa, CA, 92626, USA
Director	Darryl Gibson	475 Anton Boulevard, Costa Mesa, CA, 92626, USA
Director	Craig Boundy	475 Anton Boulevard, Costa Mesa, CA, 92626, USA
Director	Kerry Williams	475 Anton Boulevard, Costa Mesa, CA, 92626, USA
Assistant Treasurer	Maryam Damavandi	475 Anton Blvd., Costa Mesa, CA, 92626, USA

Registered Agent Information

Type: **Business Commercial Registered Agent**

Name: **C T CORPORATION SYSTEM**

Address: **334 North Senate Avenue, Indianapolis, IN, 46204, USA**

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT of INDIANA

CIVIL ACTION NO. 1:22-cv-01217-SEB-DML

JOEY KIMBROUGH,

Plaintiff,

v.

SNAP-ON CREDIT LLC;

EXPERIAN INFORMATION
SOLUTIONS, INC;

EQUIFAX INFORMATION
SERVICES LLC

Defendants.

AFFIDAVIT OF SERVICE

DEFENDANT:

EQUIFAX INFORMATION SERVICES, LLC
c/o its registered agent CORPORATION SERVICE COMPANY
135 N. Pennsylvania Street, Suite 1610
Indianapolis, IN 46204

I, Lisa Kimbrough, being over the age of eighteen, NOT a party to this cause, and
competent to testify as to the matters asserted herein. I certify that on 6/23/2022 a
copy of the Summons and Complaint were sent to the Defendant listed above via
USPS Certified Mail with Signature Required.

DOCUMENT TYPE: Summons and Complaint from JOEY KIMBROUGH

CORPORATE SERVICE TO: EQUIFAX INFORMATION SERVICES, LLC

SIGNED AND RECEIVED BY: "MARY COLEMAN"

DATE RECEIVED AND SIGNED: 6/27/22

Certified Mail Receipt and Signature Card enclosed as "Exhibit A"

I SWEAR UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING
REPRESENTATIONS ARE TRUE.

DATED: 7/1/22

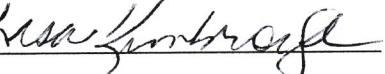
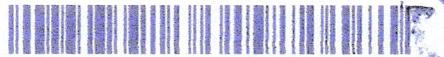
SIGNATURE OF AFFIANT: 

Exhibit A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <i>Wayne Tolson</i> <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Wayne Tolson</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>IN 46903</i> <i>JUN 23 2022</i></p>	
<p>1. Article Addressed to: <i>Equifax Information Services, LLC c/o its registered agent Corporation Service Company 135 North Pennsylvania St, Suite 1610 Indianapolis, IN 46204</i></p> <p> 9590 9402 7265 1284 0752 43</p>		<p>3. Service Type <i>IN 46903</i> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) <i>2021 0950 0001 4169 8515</i></p>		<p>Restricted Delivery <i>over \$500</i></p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

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INDIANAPOLIS, IN 46204

Certified Mail Fee \$3.75 *0738 54*

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <i>0.00</i>
<input type="checkbox"/> Return Receipt (electronic)	\$ <i>0.00</i>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ <i>0.00</i>
<input checked="" type="checkbox"/> Adult Signature Required	\$ <i>0.00</i>
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ <i>0.00</i>

Postage \$2.36 *06/23/2022*

Total Postage and Fees \$9.16

Sent To *Equifax Information Services, LLC
c/o its registered agent
Corporation Service Company
135 North Pennsylvania St, Suite 1610
Indianapolis, IN 46204*

Street and Apt. No., or P.O. Box No. *IN 46903*

City, State, ZIP+4® *OKOMO IN 46903*

Postmark Here *JUN 23 2022*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

BUSINESS INFORMATION
HOLLI SULLIVAN
INDIANA SECRETARY OF STATE
07/01/2022 12:39 PM

Business Details

Business Name: **EQUIFAX INFORMATION SERVICES LLC** Business ID: **2001060600005**
Entity Type: **Foreign Limited Liability Company** Business Status: **Active**
Creation Date: **06/05/2001** Inactive Date:
Principal Office Address: **1550 PEACHTREE STREET, NW, H-46,
ATLANTA, GA, 30309, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Georgia** Business Entity Report Due Date: **06/30/2023**
Original Formation Date: **06/04/2001** Years Due:

Governing Person Information

Title	Name	Address
President	Lisa Stockard	1550 Peachtree Street, NW, Atlanta, GA, 30309, USA
Treasurer	Michael Gabe Bonfield	1550 PEACHTREE STREET, NW, Atlanta, GA, 30309, USA
Manager	Lisa Stockard	1550 PEACHTREE STREET, NW, Atlanta, GA, 30309, USA
Vice President	Traci HornFeck	1550 PEACHTREE STREET, NW, Atlanta, GA, 30309, USA
Assistant Secretary	Lillian Juhazs	1550 PEAXHTREE STREET, NW, Atlanta, GA, 30309, USA

Registered Agent Information

Type: **Business Commercial Registered Agent**
Name: **CORPORATION SERVICE COMPANY**
Address: **135 North Pennsylvania Street, Suite 1610, Indianapolis, IN, 46204, USA**

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT of INDIANA

CIVIL ACTION NO. 1:22-cv-01217-SEB-DML

JOEY KIMBROUGH,

Plaintiff,

v.

SNAP-ON CREDIT LLC;

EXPERIAN INFORMATION
SOLUTIONS, INC;

EQUIFAX INFORMATION
SERVICES LLC

Defendants.

AFFIDAVIT OF SERVICE

DEFENDANT:

SNAP-ON CREDIT LLC
950 Technology Way, Suite 301
Libertyville, Il. 60048

I, Lisa Kimbrough, being over the age of eighteen, NOT a party to this cause, and competent to testify as to the matters asserted herein. I certify that on 6/23/2022 a copy of the Summons and Complaint were sent to the Defendant listed above via USPS Certified Mail with Signature Required.

DOCUMENT TYPE: Summons and Complaint from JOEY KIMBROUGH

CORPORATE SERVICE TO: SNAP-ON CREDIT LLC

SIGNED AND RECEIVED BY: "C. FINERTY"

DATE RECEIVED AND SIGNED: 6/27/22

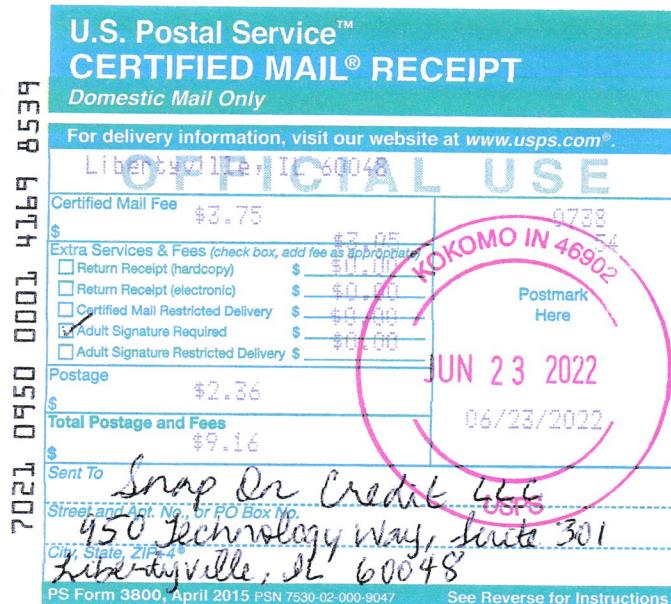
Certified Mail Receipt and Signature Card enclosed as "Exhibit A"

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REPRESENTATIONS ARE TRUE.

DATED: 7/1/22

SIGNATURE OF AFFIANT: Joe Kimbrough

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Cheney</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cheney</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1. Article Addressed to: <i>Shop On Credit LLC 950 Technology Way, Suite 301 Libertyville, IL 60048</i></p> <p>2. Article Number (Transfer from service label) <i>7021 0950 0001 4169 8539</i></p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <i>Vail Mail Restricted Delivery (10)</i></p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	



BUSINESS INFORMATION
HOLLI SULLIVAN
INDIANA SECRETARY OF STATE
07/01/2022 12:42 PM

Business Details

Business Name: **SNAP-ON CREDIT LLC**

Business ID: **1999030221**

Entity Type: **Foreign Limited Liability Company**

Business Status: **Active**

Creation Date: **03/03/1999**

Inactive Date:

Principal Office Address: **950 TECHNOLOGY WAY, STE. 301,
LIBERTYVILLE, IL, 60048, USA**

Expiration Date: **Perpetual**

Jurisdiction of Formation: **Delaware**

Business Entity Report Due Date: **03/31/2023**

Original Formation Date: **10/26/1998**

Years Due:

Governing Person Information

Title	Name	Address
Manager	Joseph Burger	950 Technology Way, Ste. 301, Libertyville, IL, 60048, USA
Manager	Jeffrey Kostrzewa	950 Technology Way, Ste. 301, Libertyville, IL, 60048, USA

Registered Agent Information

Type: **Business Commercial Registered Agent**

Name: **C T CORPORATION SYSTEM**

Address: **334 North Senate Avenue, Indianapolis, IN, 46204, USA**